

20a

MOUNTAIRE Request for Vacation or Floating Holiday	
SECTION 1	<i>To Be Completed by Employee</i> Date of Request <u>3-1-04</u> Dept. <u>Liveland</u> <input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Salaried Employee Name: <u>Herman Jernigan</u> SS# <u>221-30-3547</u>
VACATION: <input type="checkbox"/> Other _____ Time Requested FROM _____ TO _____ <input type="checkbox"/> Full Day Date Requested _____ <input type="checkbox"/> Extended Period Dates Requested FROM _____ TO _____	
FLOATING HOLIDAY: Date Requested <u>3-5-04</u> (circle one) <u>Calendar</u> Anniversary <i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i> Employee Signature <u>Herman Jernigan</u> Date <u>3-1-04</u>	
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.	
SECTION 2	<i>To Be Completed by Human Resources</i> DATE OF HIRE: <u>7-25-94</u> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> Vacation 1) Total Days Eligible: _____ 2) Days Taken: _____ 3) Days Requested: _____ 4) Days Remaining: _____ (1 - 2 - 3 = 4) </div> <div style="border: 2px solid black; padding: 5px; text-align: center;"> PAYROLL MAR 06 2004 WEEK ENDING </div> <div style="text-align: center;"> Floating Holidays Total Days Eligible: _____ Days Taken: _____ Days Requested: _____ Days Remaining: _____ </div> </div>
Human Resources Representative's Signature _____ Date _____	
SECTION 3	<i>To Be Completed by Employee's Supervisor(s) and/or Manager(s)</i> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> SUPERVISOR: Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/> <u>Larry H. H.</u> <u>3-1-04</u> Signature Date </div> <div style="width: 45%;"> SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> _____ Signature Date </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> FOREMAN: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> _____ Signature Date </div> <div style="width: 45%;"> PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> _____ Signature Date </div> </div>
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.	

P:\WP Forms\CORVALL\HRM

A00326

MOUNTAIRE Request for Vacation or Floating Holiday			
SECTION 1 To Be Completed by Employee		Date of Request <u>7-8-04</u>	Dept. <u>Livehaul</u>
Employee Name: <u>Herman Jernigan</u>		SS# <u>221-30-3547</u>	
<div style="text-align: right;"> <input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Salaried </div>			
VACATION: <input type="checkbox"/> Other <u>Money Only 3wks</u> Time Requested FROM <u>Process W/E 7.24.04</u> TO <u></u> <input type="checkbox"/> Full Day Date Requested <u></u> <input type="checkbox"/> Extended Period Dates Requested FROM <u></u> TO <u></u>			
FLOATING HOLIDAY: Date Requested <u></u> (circle one) Calendar <input type="checkbox"/> Anniversary <input type="checkbox"/>			
<i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i>			
<u>Herman Jernigan</u> Employee Signature		<u>7-8-04</u> Date	
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.			
SECTION 2 To Be Completed by Human Resources		DATE OF HIRE: <u>7-25-94</u>	
<u>Vacation</u>		<u>PAYROLL</u>	
<u>Floating Holidays</u>			
1)	Total Days Eligible: <u></u>	JUL 24 2004	Total Days Eligible: <u></u>
2)	Days Taken: <u></u>	WEEK ENDING	Days Taken: <u></u>
3)	Days Requested: <u></u>		Days Requested: <u></u>
4)	Days Remaining: <u></u>		Days Remaining: <u></u>
(1 - 2 - 3 = 4)			
Human Resources Representative's Signature <u></u>		Date <u></u>	
SECTION 3 To Be Completed by Employee's Supervisor(s) and/or Manager(s)			
SUPERVISOR: Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/> <u>Larry Helms</u> <u>7-8-04</u> Signature Date		SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Signature Date	
Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Signature Date		PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Signature Date	
TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. APPROVED, REASONS WILL BE STATED ON REVERSE SIDE.			

PAWP Forms\CORALLVHR

A00327

MOUNTAIRE Request for Vacation or Floating Holiday			
SECTION 1 To Be Completed by Employee		Date of Request <u>7-28-04</u>	Dept. <u>Livchaul</u>
Employee Name: <u>Herman Jernigan</u>		SSN <u>221-30-3547</u>	
<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Salaried </div> </div>			
VACATION: <input type="checkbox"/> Other _____ Time Requested FROM _____ TO _____ <input type="checkbox"/> Full Day Date Requested _____ <input type="checkbox"/> Extended Period Dates Requested FROM _____ TO _____			
FLOATING HOLIDAY: Date Requested <u>7-28-04</u> (circle one) Calendar <input type="checkbox"/> Anniversary <input checked="" type="checkbox"/>			
<i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i>			
Employee Signature <u>Herman Jernigan</u>		Date <u>7-28-04</u>	
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.			
SECTION 2 To Be Completed by Human Resources		PAYROLL DATE OF HIRE: <u>7-25-94</u> JUL 30	
Vacation 1) Total Days Eligible: _____ 2) Days Taken: _____ 3) Days Requested: _____ 4) Days Remaining: _____ (1 - 2 - 3 = 4) <u>0m</u>		Floating Holidays JUL 31 2004 WEEK ENDING <u>OK</u> 1) Total Days Eligible: <u>2</u> 2) Days Taken: <u>1</u> 3) Days Requested: <u>1</u> 4) Days Remaining: <u>0</u>	
Human Resources Representative's Signature _____		Date <u>7.30.04</u>	
SECTION 3 To Be Completed by Employee's Supervisor(s) and/or Manager(s)			
SUPERVISOR: Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/> <u>Larry Hibbs</u> <u>7-28-04</u> Signature Date		SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Signature Date	
FOREMAN: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Signature Date		PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Signature Date	
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.			

PAWP Forms\COR\ALL

A00328

MOUNTAIRE FARMS OF DELMARVA Request for Vacation or Floating Holiday

SECTION 1*To Be Completed by Employee*Date of Hire 7-8-98Dept. Live haulEmployee Name: Peter MajorSS# 221-40-4739
☒ Union SO22
☐ Non-Union Hourly
☐ Salaried
VACATION:☐ 1/2 Day

Date Requested

☐ Full Day(s)

Date(s) Requested

Money Only (2 wks)Hold until 7/15-03**FLOATING HOLIDAY:**

(circle one)

Date Requested _____

Calendar

Anniversary

I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.

Employee Signature Peter MajorDate 6-16-03

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

SECTION 2*To Be Completed by Human Resources*VacationFloating Holidays

- 1) Total Days Due: _____
- 2) Days Requested: _____
- 3) Days Remaining: _____
- (1 - 2 = 3)

- Total Days Due: _____
- Days Requested: _____
- Days Remaining: _____

Human Resources Representative's Signature _____

Date _____

SECTION 3*To Be Completed by Employee's Supervisor(s) and/or Manager(s)*SUPERVISOR: Approved ☐ Disapproved ☐SUPERINTENDENT: Approved ☐ Disapproved ☐

Signature _____

Date _____

Signature _____

Date _____

FOREMAN: Approved ☒ Disapproved ☐PLANT MANAGER: Approved ☐ Disapproved ☐Signature Larry GaltDate 6-16-03

Signature _____

Date _____

NOTE:

PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE.
IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

A00329

MOUNTAIRE FARMS OF DELMARVA

Request for Vacation or Floating Holiday

SECTION 1*To Be Completed by Employee*

Date of Hire

7/8/98

Dept. _____

Employee Name:

Peter Major

SSN

221-40-4739☒ Union☐ Non-Union Hourly☐ Salaried**VACATION:**☐ ½ Day

Date Requested _____

☐ Full Day(s)

Date(s) Requested _____

FLOATING HOLIDAY:

(circle one)

Date Requested

Money only

Calendar

Anniversary

I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.

Employee Signature

Peter Major

Date

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

SECTION 2*To Be Completed by Human Resources***PAYROLL**Vacation

AUG 23 2003

Floating Holidays

1) Total Days Due: _____

WEEK ENDING

Total Days Due: _____

2) Days Requested: _____

Days Requested: _____

3) Days Remaining: _____

Days Remaining: _____

(1 - 2 = 3)

Human Resources Representative's Signature _____

Date _____

SECTION 3*To Be Completed by Employee's Supervisor(s) and/or Manager(s)*SUPERVISOR: Approved ☒ Disapproved ☐SUPERINTENDENT: Approved ☐ Disapproved ☐

Signature

Larry Gibbs

Date

8/22/03

Signature

Date

FOREMAN: Approved ☐ Disapproved ☐PLANT MANAGER: Approved ☐ Disapproved ☐

Signature

Date

Signature

Date

NOTE:

PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE.
IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

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A00330

MOUNTAIRE Request for Vacation or Floating Holiday		FAXED <i>SP</i>
<div style="display: flex; justify-content: space-between;"> <div> SECTION 1 <i>To Be Completed by Employee</i> </div> <div> Date of Request <u>1-29-04</u> </div> <div> Dept. <u>Live haul</u> </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div> Employee Name: <u>Peter Majer</u> </div> <div> SS# <u>221-40-4739</u> </div> <div> <input type="checkbox"/> Hourly <input type="checkbox"/> Salaried </div> </div>		
VACATION: <input type="checkbox"/> Other _____ Time Requested FROM _____ TO _____ <input type="checkbox"/> Full Day Date Requested _____ <input type="checkbox"/> Extended Period Dates Requested FROM _____ TO _____		
FLOATING HOLIDAY: Date Requested <u>1-29-04</u> (circle one) <u>Calendar</u> Anniversary		
<i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i> <div style="display: flex; justify-content: space-between;"> <div> Employee Signature <u>Peter Majer</u> </div> <div> Date <u>1-30-04</u> </div> </div>		
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.		
<div style="display: flex; justify-content: space-between;"> <div> SECTION 2 <i>To Be Completed by Human Resources</i> </div> <div> DATE OF HIRE: <u>7, 8, 98</u> </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Vacation 1) Total Days Eligible: _____ 2) Days Taken: _____ 3) Days Requested: _____ 4) Days Remaining: _____ <div style="text-align: center;">(1 - 2 - 3 = 4)</div> </div> <div style="width: 45%;"> Floating Holidays Total Days Eligible: _____ Days Taken: _____ Days Requested: _____ Days Remaining: _____ </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div> Human Resources Representative's Signature _____ </div> <div> Date _____ </div> </div>		
SECTION 3 <i>To Be Completed by Employee's Supervisor(s) and/or Manager(s)</i>		
<div style="display: flex; justify-content: space-between;"> <div> SUPERVISOR: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> </div> <div> SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div> Signature _____ Date _____ </div> <div> Signature _____ Date _____ </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div> FOREMAN: Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/> </div> <div> PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div> Signature <u>Larry Giff</u> Date <u>1-30-04</u> </div> <div> Signature _____ Date _____ </div> </div>		
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.		

A00331

8-21-04; 8:39AM;

DMV PAYROLL

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A- 1

MOUNTAIRE Request for Vacation or Floating Holiday	
SECTION 1	<i>To Be Completed by Employee</i> Date of Request <u>6/14/04</u> Dept. <u>5622-3</u>
Employee Name: <u>Peter Major</u> SSN <u>221-40-4739</u>	<input type="checkbox"/> Hourly <input type="checkbox"/> Salaried
VACATION: <input checked="" type="checkbox"/> Other <u>Money only</u> Time Requested FROM _____ TO _____ <input type="checkbox"/> Full Day Date Requested _____ <input type="checkbox"/> Extended Period Dates Requested FROM <u>2 weeks</u> TO _____	
FLOATING HOLIDAY: Date Requested <u>Money only</u> Calendar (circle one) <u>Anniversary</u> <u>Process</u> <u>4/9-03-04</u>	
<i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i> Employee Signature: <u>Peter Major</u> Date: <u>6/14/04</u>	
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.	
SECTION 2 <i>To Be Completed by Human Resources</i>	
Vacation 1) Total Days Eligible: _____ 2) Days Taken: _____ 3) Days Requested: _____ 4) Days Remaining: _____ (1 - 2 - 3 = 4)	PAYROLL DATE OF HIRE: <u>7/8/98</u> Floating Holidays JUL 03 2004 WEEK ENDING _____ Total Days Eligible: _____ Days Taken: _____ Days Requested: _____ Days Remaining: _____
Human Resources Representative's Signature _____ Date _____	
SECTION 3 <i>To Be Completed by Employee's Supervisor(s) and/or Manager(s)</i>	
SUPERVISOR: Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/> <u>Larry Hill</u> <u>6-21-04</u> Signature Date	SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> _____ Signature Date
FOREMAN: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> _____ Signature Date	PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> _____ Signature Date
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.	

PAWP Forms\CORP\HUBBARD

A00332

PERS 135

MOUNTAIRE		 FAXED 6/21
Request for Vacation or Floating Holiday		
SECTION 1 To Be Completed by Employee		Date of Request <u>6/14/04</u> Dept. <u>5622-3</u>
Employee Name: <u>Peter Major</u> SS# <u>221-40-4739</u>		<input type="checkbox"/> Hourly <input type="checkbox"/> Salaried
VACATION: <input checked="" type="checkbox"/> Other <u>Money only</u> Time Requested FROM _____ TO _____ <input type="checkbox"/> Full Day Date Requested _____ <input type="checkbox"/> Extended Period Dates Requested FROM _____ TO _____		
FLOATING HOLIDAY: Date Requested <u>Money only</u> (circle one) Calendar <input checked="" type="checkbox"/> Anniversary		
I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly. <u>Peter Major</u> <u>6/14/04</u> Employee Signature Date		
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.		
SECTION 2 To Be Completed by Human Resources		PAYROLL DATE OF HIRE: <u>7/8/98</u> <u>JUL 03 2004</u>
<u>Vacation</u>		<u>Floating Holidays</u>
1) Total Days Eligible: _____ 2) Days Taken: _____ 3) Days Requested: _____ 4) Days Remaining: _____ (1 - 2 - 3 = 4)		WEEK ENDING Total Days Eligible: _____ Days Taken: _____ Days Requested: _____ Days Remaining: _____
Human Resources Representative's Signature _____		Date _____
SECTION 3 To Be Completed by Employee's Supervisor(s) and/or Manager(s)		
SUPERVISOR: Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/> <u>Larry Hells</u> <u>6-21-04</u> Signature Date		SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Signature Date
FOREMAN: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Signature Date		PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Signature Date
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.		

A00333

MOUNTAIRE FARMS OF DELMARVA

Request for Vacation or Floating Holiday

SECTION 1*To Be Completed by Employee*

Date of Hire

7-8-98

Dept.

Livehaul

Employee Name:

Peter H. Major Jr.

SS#

221-40-4739☒ Union5620☐ Non-Union Hourly☐ Salaried**VACATION:**☐ 1/4 Day

Date Requested

☐ Full Day(s)

Date(s) Requested

2 WKS. Money Only**FLOATING HOLIDAY:**

(circle one)

Date Requested

Calendar

Anniversary

I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.

Employee Signature

Peter Major Jr.

Date

6-25-02

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

SECTION 2*To Be Completed by Human Resources*VacationFloating Holidays

- 1) Total Days Due: _____
- 2) Days Requested: _____
- 3) Days Remaining: _____

(1 - 2 = 3)

- Total Days Due: _____
- Days Requested: _____
- Days Remaining: _____

Human Resources Representative's Signature

Date

SECTION 3*To Be Completed by Employee's Supervisor(s) and/or Manager(s)*SUPERVISOR: Approved ☐ Disapproved ☐SUPERINTENDENT: Approved ☐ Disapproved ☐

Signature

Date

Signature

Date

FOREMAN: Approved ☒ Disapproved ☐PLANT MANAGER: Approved ☐ Disapproved ☐

Signature

Date

Signature

Date

NOTE:

PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE.
IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

A00334

MOUNTAIRE FARMS OF DELMARVA Request for Vacation or Floating Holiday

SECTION 1*To Be Completed by Employee*Date of Hire 7-8-98Dept. LivehaulEmployee Name: Peter MajorSSN 221-48-4737
☒ Union 5620
☐ Non-Union Hourly
☐ Salaried
VACATION:☐ 1/2 Day

Date Requested _____

☐ Full Day(s)

Date(s) Requested _____

FLOATING HOLIDAY:Date Requested 7-22-02

(circle one)

☒ Calendar☐ Anniversary

I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.

Employee Signature Peter MajorDate 7-16-02

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

SECTION 2*To Be Completed by Human Resources*VacationFloating Holidays

- 1) Total Days Due: _____
- 2) Days Requested: _____
- 3) Days Remaining: _____
- (1 - 2 = 3)

- Total Days Due: _____
- Days Requested: _____
- Days Remaining: _____

Human Resources Representative's Signature _____

Date JUL 27 2002**SECTION 3***To Be Completed by Employee's Supervisor(s) and/or Manager(s)*SUPERVISOR: Approved ☐ Disapproved ☐SUPERINTENDENT: Approved ☐ Disapproved ☐

Signature _____

Date _____

Signature _____

Date _____

FOREMAN: Approved ☒ Disapproved ☐PLANT MANAGER: Approved ☐ Disapproved ☐Signature Larry GibbsDate 7-16-02

Signature _____

Date _____

NOTE:

PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE.
IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

A00335

MOUNTAIRE FARMS OF DELMARVA
Request for Vacation or Floating Holiday

SECTION 1 To Be Completed by Employee Date of Hire 7/8/98 Dept. 5620

Employee Name: Peter Major SS# 221-40-4739 ☒ Union
☐ Non-Union Hourly
☐ Salaried

VACATION:

☐ 1/2 Day Date Requested _____
☐ Full Day(s) Date(s) Requested _____

FLOATING HOLIDAY:

Date Requested March 17, 2003 (circle one) Calendar Anniversary 1755

I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.

Employee Signature Peter Major Date 3-12-03

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

SECTION 2 To Be Completed by Human Resources

Vacation

1) Total Days Due: _____
2) Days Requested: _____
3) Days Remaining: _____
(1 - 2 = 3)

Floating Holidays

Total Days Due: _____
Days Requested: _____
Days Remaining: _____

Human Resources Representative's Signature _____ Date _____

SECTION 3 To Be Completed by Employee's Supervisor(s) and/or Manager(s)

SUPERVISOR: Approved ☐ Disapproved ☐

Signature _____ Date _____

FOREMAN: Approved ☒ Disapproved ☐

Signature Larry Hill Date 3-12-03

SUPERINTENDENT: Approved ☐ Disapproved ☐

Signature _____ Date _____

PLANT MANAGER: Approved ☐ Disapproved ☐

Signature _____ Date _____

NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE.
IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

MOUNTAIRE Request for Vacation or Floating Holiday		FAXED 3/2
SECTION 1 To Be Completed by Employee		Date of Request <u>1/30/04</u> Dept. <u>51222</u>
Employee Name: <u>Warren Purcell</u> SS# <u>216-38-8147</u>		<input type="checkbox"/> Hourly <input type="checkbox"/> Salaried
VACATION: <input type="checkbox"/> Other _____ Time Requested FROM _____ TO _____ <input type="checkbox"/> Full Day Date Requested _____ <input type="checkbox"/> Extended Period Dates Requested FROM _____ TO _____		
FLOATING HOLIDAY: Date Requested <u>money only</u> (circle one) <u>Calendar</u> Anniversary		
I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.		
Employee Signature: <u>Warren Purcell</u>		Date: <u>1/30/04</u>
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.		
SECTION 2 To Be Completed by Human Resources		DATE OF HIRE: <u>4/26/93</u> <u>4/10/95</u> Floating Holidays
Vacation		
1) Total Days Eligible: _____	Total Days Eligible: _____	
2) Days Taken: _____	Days Taken: <u>DATE</u>	
3) Days Requested: _____	Days Requested: _____	
4) Days Remaining: _____	Days Remaining: _____	
(1 - 2 - 3 = 4)		
Human Resources Representative's Signature _____		Date _____
SECTION 3 To Be Completed by Employee's Supervisor(s) and/or Manager(s)		
SUPERVISOR: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> <u>Larry Gibbs</u> <u>1/30/04</u> Signature Date		SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Signature Date
FOREMAN: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Signature Date		PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Signature Date
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.		

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A00337

MOUNTAIRE Request for Vacation or Floating Holiday			
SECTION 1 To Be Completed by Employee		Date of Request <u>4/7/04</u>	Dept. <u>5622-3</u>
Employee Name: <u>Warren Purnell</u>		SS# <u>216-38-8147</u>	
VACATION: <input checked="" type="checkbox"/> Other <u>money only</u> <u>all weeks</u> <input type="checkbox"/> Full Day <input type="checkbox"/> Extended Period		Time Requested FROM _____ TO _____ Date Requested _____ Dates Requested FROM _____ TO _____	
FLOATING HOLIDAY: Date Requested <u>Money only</u> Calendar (circle one) <u>Anniversary</u>			
<i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i>			
Employee Signature _____		Date _____	
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.			
SECTION 2 To Be Completed by Human Resources		DATE OF HIRE: <u>4/10/95</u>	
<u>Vacation</u>		<u>Floating Holidays</u>	
1) Total Days Eligible: _____	Total Days Eligible: <u>2</u>	<div style="border: 1px solid black; padding: 5px; margin: 0 auto; width: 150px;"> PAYROLL <u>all</u> APR 10 2004 <u>0</u> WEEK ENDING (1 - 2 - 3 = 4) </div>	
2) Days Taken: _____	Days Taken: <u>1</u>		
3) Days Requested: _____	Days Requested: <u>1</u>		
4) Days Remaining: _____	Days Remaining: <u>0</u>		
Human Resources Representative's Signature _____		Date _____	
SECTION 3 To Be Completed by Employee's Supervisor(s) and/or Manager(s)			
SUPERVISOR: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>		SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
Signature _____	Date _____	Signature _____	Date _____
FOREMAN: Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/>		PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
Signature <u>Larry Nicks</u>	Date <u>4/7/04</u>	Signature _____	Date _____
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.			

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A00338

MOUNTAIRE Request for Vacation or Floating Holiday			
SECTION 1 <i>To Be Completed by Employee</i>		Date of Request <u>2/27/04</u> Dept. <u>5622-</u>	
Employee Name: <u>Waver Purnell</u>		SS# <u>216-38-8147</u> <div style="text-align: right;"> <input type="checkbox"/> Hourly <input type="checkbox"/> Salaried </div>	
VACATION: <input checked="" type="checkbox"/> Other <u>Money only</u>		Time Requested FROM <u>(All weeks)</u> TO <u>Hold until v/e</u> <u>4-10-04</u>	
<input type="checkbox"/> Full Day Date Requested _____ <input type="checkbox"/> Extended Period Dates Requested FROM _____ TO _____		FLOATING HOLIDAY: Date Requested <u>Money only</u> Calendar (circle one) <u>Anniversary</u>	
<p><i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i></p>			
Employee Signature <u>Waver Purnell</u>		Date <u>2/27/04</u>	
<p><small>NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.</small></p>			
SECTION 2 <i>To Be Completed by Human Resources</i>		DATE OF HIRE: <u>4, 10, 95</u>	
<u>Vacation</u>		<u>Floating Holidays</u>	
1) Total Days Eligible: _____	Total Days Eligible: _____		
2) Days Taken: _____	Days Taken: _____		
3) Days Requested: _____	Days Requested: _____		
4) Days Remaining: _____	Days Remaining: _____		
(1 - 2 - 3 = 4)			
Human Resources Representative's Signature _____		Date _____	
SECTION 3 <i>To Be Completed by Employee's Supervisor(s) and/or Manager(s)</i>			
SUPERVISOR: Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/>		SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
Signature <u>Larry Gibbs</u>	Date <u>2/27/04</u>	Signature _____	Date _____
FOREMAN: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>		PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
Signature _____	Date _____	Signature _____	Date _____
<p><small>NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.</small></p>			

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A00339

MOUNTAIRE Request for Vacation or Floating Holiday			
SECTION 1 To Be Completed by Employee		Date of Request <u>2/27/04</u>	Dept. <u>5622-</u>
Employee Name: <u>Waver Purnell</u>		SS# <u>216-38-8147</u>	
<input type="checkbox"/> Other <u>Money only</u>		<input type="checkbox"/> Hourly <input type="checkbox"/> Salaried	
<input type="checkbox"/> Full Day		Time Requested FROM <u>(All weeks)</u> TO <u>Hold until wife</u>	
<input type="checkbox"/> Extended Period		Date Requested <u>4-10-04</u>	
Dates Requested FROM _____ TO _____		<u>2 wks</u>	
FLOATING HOLIDAY:			
Date Requested <u>Money only</u>		Calendar (circle one) <u>Anniversary</u>	
<i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i>			
Employee Signature <u>Waver Purnell</u>		Date <u>2/27/04</u>	
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.			
SECTION 2 To Be Completed by Human Resources		DATE OF HIRE: <u>4/10/95</u>	
Vacation		Floating Holidays	
1) Total Days Eligible: _____	Total Days Eligible: _____	<div style="border: 2px solid black; padding: 5px; display: inline-block;"> PAYROLL APR 10 2004 WEEK ENDING </div>	
2) Days Taken: _____	Days Taken: _____		
3) Days Requested: _____	Days Requested: _____		
4) Days Remaining: _____	Days Remaining: _____		
(1 - 2 - 3 = 4)		_____	
Human Resources Representative's Signature _____		Date _____	
SECTION 3 To Be Completed by Employee's Supervisor(s) and/or Manager(s)			
SUPERVISOR: Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/>		SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
Signature <u>Larry Gibbs</u>	Date <u>2/27/04</u>	Signature _____	Date _____
FOREMAN: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>		PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
Signature _____	Date _____	Signature _____	Date _____
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.			

Time Off Request Form

91 NOV 30 411

Name Ron R. Tingle S.S.# 221 46 2951
 Date of Hire 1-26-98 Department Chicken Catcher
☒ UNION ☐ NON-UNION HOURLY ☐ SALARIED STATE

(CHECK ONE): Vacation _____	Personal/Floating Holiday - Calendar _____
	Personal/Floating Holiday - Anniversary <u>Two Personal</u>

Day/Date(s) Requested Money Only For 2 Personal days

I UNDERSTAND THAT IF THIS REQUEST IS GRANTED, I AM TO RETURN ON THE NEXT SCHEDULED WORK DAY AND THAT IF ANYTHING SHOULD PREVENT MY RETURN I WILL CONTACT MY SUPERVISOR AND HUMAN RESOURCES AND ADVISE THEM OF THE CIRCUMSTANCES. THEY WILL COUNSEL ACCORDINGLY.

Ron R. Tingle 11-28-01
 Employee's Signature Date

 SUPERVISOR'S SIGNATURE

 DATE ☐ APPROVED ☐ DISAPPROVED

Larry Holt
 FOREMAN'S SIGNATURE

11-28-01
 DATE ☒ APPROVED ☐ DISAPPROVED

 SUPERINTENDENT'S SIGNATURE

 DATE ☐ APPROVED ☐ DISAPPROVED

 PLANT MANAGER'S SIGNATURE

 DATE ☐ APPROVED ☐ DISAPPROVED

DEC 01 2001
 WEEK ENDING

FOR OFFICE USE ONLY:	# OF DAYS DUE	_____
	# OF DAYS REQUESTED	_____
	# OF DAYS LEFT	_____

Time Off Request Form

Name Ronald Tingle S.S.# 221-46-2951
 Date of Hire 1/26/98 Department Fire Hall
☒ UNION ☐ NON-UNION HOURLY ☐ SALARIED 5620

(CHECK ONE): Vacation	<u>✓</u>	Personal/Floating Holiday - Calendar	<u> </u>
		Personal/Floating Holiday - Anniversary	<u> </u>

Day/Date(s) Requested March 19th - March 23rd, 2001 1Wk

I UNDERSTAND THAT IF THIS REQUEST IS GRANTED, I AM TO RETURN ON THE NEXT SCHEDULED WORK DAY AND THAT IF ANYTHING SHOULD PREVENT MY RETURN I WILL CONTACT MY SUPERVISOR AND HUMAN RESOURCES AND ADVISE THEM OF THE CIRCUMSTANCES. THEY WILL COUNSEL ACCORDINGLY.

Ron R. Tingle
 Employee's Signature

3-9-01
 Date

SUPERVISOR'S SIGNATURE

DATE

☐ APPROVED ☐ DISAPPROVED

Larry E. Giff Jr.
 FOREMAN'S SIGNATURE

DATE

3-12-01 ☒ APPROVED ☐ DISAPPROVED

SUPERINTENDENT'S SIGNATURE

DATE

☐ APPROVED ☐ DISAPPROVED

PLANT MANAGER'S SIGNATURE

DATE

☐ APPROVED ☐ DISAPPROVED

PAYROLL

FOR OFFICE USE ONLY:	# OF DAYS DUE	<u>MARK 10</u>
	# OF DAYS REQUESTED	<u>WEEK END TIME</u>
	# OF DAYS LEFT	<u> </u>

FORM 011 wj/das
 September 23, 1999

A00342

Time Off Request Form

91 NOV 30 411

Name Ron R. Tingle S.S.# 221 46 2951
 Date of Hire 1-26-98 Department Chicken Catcher
☒ UNION ☐ NON-UNION HOURLY ☐ SALARIED SSS

(CHECK ONE): Vacation _____	Personal/Floating Holiday/Calendar <u>X</u>
	<u>Personal/Floating</u> Holiday - Anniversary <u>Two Personal</u>

Day/Date(s) Requested Money Only For 2 Personal days

I UNDERSTAND THAT IF THIS REQUEST IS GRANTED, I AM TO RETURN ON THE NEXT SCHEDULED WORK DAY AND THAT IF ANYTHING SHOULD PREVENT MY RETURN I WILL CONTACT MY SUPERVISOR AND HUMAN RESOURCES AND ADVISE THEM OF THE CIRCUMSTANCES. THEY WILL COUNSEL ACCORDINGLY.

Ron R. Tingle 11-28-01
 Employee's Signature Date

SUPERVISOR'S SIGNATURE

DATE

☐ APPROVED ☐ DISAPPROVED

FOREMAN'S SIGNATURE

DATE

☒ APPROVED ☐ DISAPPROVED

SUPERINTENDENT'S SIGNATURE

DATE

☐ APPROVED ☐ DISAPPROVED

PLANT MANAGER'S SIGNATURE

DATE

☐ APPROVED ☐ DISAPPROVED

FOR OFFICE USE ONLY:

OF DAYS DUE _____

OF DAYS REQUESTED _____

OF DAYS LEFT _____

PAYROLL
DEC 01 2001
WEEK ENDING

MOUNTAIRE FARMS OF DELMARVA		02 NOV 4 11
Request for Vacation or Floating Holiday		
SECTION 1	To Be Completed by Employee	
Date of Hire <u>4-19-99</u>		Dept. <u>live haul</u>
Employee Name: <u>Antonio Walters</u>		SSN <u>222-56-3610</u>
<input checked="" type="checkbox"/> Union <u>SWA</u> <input type="checkbox"/> Non-Union Hourly <input type="checkbox"/> Salaried		
VACATION:		
<input type="checkbox"/> 1/2 Day <input type="checkbox"/> Full Day(s)		Date Requested <u>money only</u> Date(s) Requested <u>2 weeks pay</u>
FLOATING HOLIDAY:		
Date Requested <u>money only</u>		(circle one) <input checked="" type="radio"/> Calendar <input type="radio"/> Anniversary <u>- 2</u>
I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.		
Employee Signature <u>Antonio Walters</u>		Date <u>11-1-02</u>
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.		
SECTION 2	To Be Completed by Human Resources	
<u>Vacation</u>		<u>Floating Holidays</u>
1) Total Days Due: _____	Total Days Due: _____	
2) Days Requested: _____	Days Requested: _____	
3) Days Remaining: _____	Days Remaining: _____	
(1 - 2 = 3)		
Human Resources Representative's Signature _____		Date _____
SECTION 3 To Be Completed by Employee's Supervisor(s) and/or Manager(s)		
SUPERVISOR: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>		SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>
Signature _____	Date _____	Signature _____
FOREMAN: Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/>		PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>
Signature <u>Larry E. Hill</u>	Date <u>11-1-02</u>	Signature _____
Signature _____		Date _____
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.		

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A00344

MOUNTAIRE FARMS OF DELMARVA

Request for Vacation or Floating Holiday

SECTION 1To Be Completed by Employee Date of Hire 4-19-99 Dept. live haulEmployee Name: Antonio Walters SSH 222-56-3610

- ☒ Union
☐ Non-Union Hourly
☐ Salaried

VACATION:☐ 1/2 DayDate Requested money only☐ Full Day(s)Date(s) Requested 2 weeks pay**FLOATING HOLIDAY:**

(circle one)

Date Requested money onlyCalendarAnniversary- 2

I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.

Employee Signature Antonio WaltersDate 11-1-02

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

SECTION 2

To Be Completed by Human Resources

VacationFloating Holidays

- 1) Total Days Due: _____
 2) Days Requested: _____
 3) Days Remaining: _____

(1 - 2 = 3)

- Total Days Due: _____
 Days Requested: _____
 Days Remaining: _____

Human Resources Representative's Signature _____

Date _____

SECTION 3

To Be Completed by Employee's Supervisor(s) and/or Manager(s)

SUPERVISOR: Approved ☐ Disapproved ☐SUPERINTENDENT: Approved ☐ Disapproved ☐

Signature _____ Date _____

Signature _____ Date _____

FOREMAN: Approved ☒ Disapproved ☐PLANT MANAGER: Approved ☐ Disapproved ☐Signature Larry E. Hill Date 11-1-02

Signature _____ Date _____

NOTE:

PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE.
 IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

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A00345

MOUNTAIRE FARMS OF DELMARVA

02 NOV 4 11

Request for Vacation or Floating Holiday

SECTION 1

To Be Completed by Employee

Date of Hire 4-19-99Dept. live haulEmployee Name: Antonio Walters SS# 222-56-3610
☒ Union
☐ Non-Union Hourly
☐ Salaried

VACATION:

☐ 1/2 DayDate Requested money only☐ Full Day(s)Date(s) Requested 2 weeks pay

FLOATING HOLIDAY:

(circle one)

Date Requested money only

Calendar

Anniversary

- 2

I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.

Employee Signature Antonio WaltersDate 11-1-02

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

SECTION 2

To Be Completed by Human Resources

Vacation

Floating Holidays

- 1) Total Days Due: _____
 2) Days Requested: _____
 3) Days Remaining: _____

(1 - 2 = 3)

- Total Days Due: _____
 Days Requested: _____
 Days Remaining: _____

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NOV 02 2002

Human Resources Representative's Signature

Date

SECTION 3

To Be Completed by Employee's Supervisor(s) and/or Manager(s)

SUPERVISOR: Approved ☐ Disapproved ☐SUPERINTENDENT: Approved ☐ Disapproved ☐

Signature

Date

Signature

Date

FOREMAN: Approved ☒ Disapproved ☐PLANT MANAGER: Approved ☐ Disapproved ☐

Signature

Date

Signature

Date

NOTE:

PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE.
 IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

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A00346

MOUNTAIRE FARMS OF DELMARVA

Request for Vacation or Floating Holiday

SECTION 1

To Be Completed by Employee

Date of Hire

4-19-99

Dept.

live haul

Employee Name:

Antonio Walters

SS#

222-56-3610☒ Union☐ Non-Union Hourly☐ Salaried**VACATION:**☐ ½ Day

Date Requested _____

☐ Full Day(s)

Date(s) Requested _____

FLOATING HOLIDAY:

Date Requested

9-4-02
9-5-02money only

(circle one)

Calendar

Anniversary

I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.

Antonio Walters
Employee Signature

9-6-02
Date

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

SECTION 2

To Be Completed by Human Resources

02 SEP 9 31

VacationFloating Holidays

- 1) Total Days Due: _____
- 2) Days Requested: _____
- 3) Days Remaining: _____

(1 - 2 = 3)

- Total Days Due: _____
- Days Requested: _____
- Days Remaining: _____

Human Resources Representative's Signature

Date

SECTION 3

To Be Completed by Employee's Supervisor(s) and/or Manager(s)

SUPERVISOR: Approved ☐ Disapproved ☐SUPERINTENDENT: Approved ☐ Disapproved ☐

Signature

Date

Signature

Date

FOREMAN: Approved ☒ Disapproved ☐PLANT MANAGER: Approved ☐ Disapproved ☐

Signature

Date

Signature

Date

NOTE:

PINK TO EMPLOYEE, YELLOW TO PAYROLL, WHITE TO PERSONNEL/VACATION FILE.
IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

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A00347

MOUNTAIRE FARMS OF DELMARVA		02 NOV 4 11
Request for Vacation or Floating Holiday		
SECTION 1	To Be Completed by Employee Date of Hire <u>4-19-99</u> Dept. <u>live haul</u>	
Employee Name: <u>Antonio Walters</u> SS# <u>222-56-3610</u>	<input checked="" type="checkbox"/> Union <u>5650</u> <input type="checkbox"/> Non-Union Hourly <input type="checkbox"/> Salaried	
VACATION: <input type="checkbox"/> 1/2 Day Date Requested <u>money only</u> <input type="checkbox"/> Full Day(s) Date(s) Requested <u>2 weeks pay</u>		
FLOATING HOLIDAY: <div style="text-align: center;">(circle one)</div> Date Requested <u>money only</u> Calendar Anniversary - 2		
<i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i>		
Employee Signature <u>Antonio Walters</u>		Date <u>11-1-02</u>
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.		
SECTION 2 To Be Completed by Human Resources		
<u>Vacation</u>		<u>Floating Holidays</u>
1) Total Days Due: _____	Total Days Due: _____	
2) Days Requested: _____	Days Requested: _____	
3) Days Remaining: _____	Days Remaining: _____	
(1 - 2 = 3)		<u>PAYROLL</u> <u>NOV 02 2002</u>
Human Resources Representative's Signature _____		Date _____
SECTION 3 To Be Completed by Employee's Supervisor(s) and/or Manager(s)		
SUPERVISOR: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>		SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>
Signature _____	Date _____	Signature _____
Date _____	Date _____	
FOREMAN: Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/>		PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>
Signature <u>Larry E. H. P.</u>	Date <u>11-1-02</u>	Signature _____
Date _____		Date _____
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.		

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A00348

MOUNTAIRE Request for Vacation or Floating Holiday			
SECTION 1 To Be Completed by Employee		Date of Request <u>4-20-04</u>	Dept. <u>live ltr</u>
Employee Name: <u>Antonio Walters</u>		SS# <u>222-56-3610</u>	
<input type="checkbox"/> Hourly <input type="checkbox"/> Salaried			
VACATION: <input type="checkbox"/> Other _____ Time Requested FROM <u>4-20-04</u> TO <u>5-4-04</u> <u>Process W/C 04 17 04</u> <input checked="" type="checkbox"/> Full Day Date Requested _____ <input type="checkbox"/> Extended Period Dates Requested FROM _____ TO _____ <u>2 WKS</u>			
FLOATING HOLIDAY: (circle one) Date Requested _____ Calendar Anniversary			
I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.			
<u>Antonio Walters</u> Employee Signature		<u>4-6-04</u> Date	
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.			
SECTION 2 To Be Completed by Human Resources		DATE OF HIRE: <u>4-19-99</u>	
Vacation		Floating Holidays	
1) Total Days Eligible:	<u>2 Weeks</u>	Total Days Eligible:	<u>2</u>
2) Days Taken:	<u>2 Weeks</u>	Days Taken:	_____
3) Days Requested:	<u>2 Weeks</u>	Days Requested:	_____
4) Days Remaining:	<u>0</u>	Days Remaining:	_____
(1 - 2 - 3 = 4)		<div style="border: 2px solid black; padding: 5px; text-align: center;"> PAYROLL APR 17 2004 WEEK ENDING </div>	
Human Resources Representative's Signature _____		Date _____	
SECTION 3 To Be Completed by Employee's Supervisor(s) and/or Manager(s)			
SUPERVISOR: Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/>		SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
<u>Terry Hibbs</u> Signature	<u>4-6-04</u> Date	_____ Signature	_____ Date
FOREMAN: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>		PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
_____ Signature	_____ Date	_____ Signature	_____ Date
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.			

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A00349

MOUNTAIRE FARMS OF DELMARVA

Request for Vacation or Floating Holiday

SECTION 1*To Be Completed by Employee*Date of Hire 4-19-99Dept. 5620Employee Name: Antonio WaltersSS# 222-56-3610

- ☒ Union
☐ Non-Union Hourly
☐ Salaried

VACATION:☐ ½ Day

Date Requested _____

☐ Full Day(s)Date(s) Requested Money onlyHold until P/E 4-19-032 Weeks**FLOATING HOLIDAY:**

(circle one)

Date Requested _____

Calendar

Anniversary

I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.

Antonio Walters
 Employee Signature

4-3-03
 Date

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

SECTION 2*To Be Completed by Human Resources*

03 APR 7 3

VacationFloating Holidays

- 1) Total Days Due: _____
 2) Days Requested: _____
 3) Days Remaining: _____
 (1 - 2 = 3)

- Total Days Due: _____
 Days Requested: Days
 Days Remaining: APR 19 2003

Human Resources Representative's Signature _____

Date _____

SECTION 3*To Be Completed by Employee's Supervisor(s) and/or Manager(s)*SUPERVISOR: Approved ☐ Disapproved ☐SUPERINTENDENT: Approved ☐ Disapproved ☐

Signature _____

Date _____

Signature _____

Date _____

FOREMAN: Approved ☒ Disapproved ☐PLANT MANAGER: Approved ☐ Disapproved ☐

Larry E. Giff 4-3-03
 Signature Date

 Signature Date

NOTE:

PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE.
 IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

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A00350

MOUNTAIRE FARMS OF DELMARVA Request for Vacation or Floating Holiday			
SECTION 1 <i>To Be Completed by Employee</i>		Date of Hire <u>4-19-99</u>	Dept. <u>live hawk</u>
Employee Name: <u>Antonio Walters</u>		SSN <u>222-56-3600</u>	<input checked="" type="checkbox"/> Union <u>5020</u> <input type="checkbox"/> Non-Union Hourly <input type="checkbox"/> Salaried
VACATION: <input type="checkbox"/> 1/2 Day Date Requested _____ <input checked="" type="checkbox"/> Full Day(s) Date(s) Requested <u>1-22-03</u>			
FLOATING HOLIDAY: (circle one) Date Requested <u>1-22-03</u> <u>Calendar</u> Anniversary			
<i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i>			
<u>Antonio Walters</u> Employee Signature		<u>1-21-03</u> Date	03 JAN 24
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.			
SECTION 2 <i>To Be Completed by Human Resources</i>			
<u>Vacation</u>		<u>Floating Holidays</u>	
1) Total Days Due: _____	Total Days Due: _____	JAN 25 2003 WEEK	
2) Days Requested: _____	Days Requested: _____		
3) Days Remaining: _____ (1 - 2 = 3)	Days Remaining: _____		
Human Resources Representative's Signature _____		Date _____	
SECTION 3 <i>To Be Completed by Employee's Supervisor(s) and/or Manager(s)</i>			
SUPERVISOR: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>		SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
Signature _____ Date _____	Signature _____ Date _____		
FOREMAN: Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/>		PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
<u>Harry E. Hill</u> Signature Date <u>1-21-03</u>	Signature _____ Date _____		
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.			

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A00351

MOUNTAIRE

Time Off Request Form

Name Patrick Bratton S.S.# 221-52-3393

Date of Hire 07/31/00 Department Live-Haul

☒ UNION

☐ NON-UNION HOURLY

☐ SALARIED

5622

<p>(CHECK ONE): Vacation _____</p>	<p><input checked="" type="checkbox"/> Personal/Floating Holiday - Calendar _____</p> <p><input type="checkbox"/> Personal/Floating Holiday - Anniversary _____</p>
---	---

Day/Date(s) Requested Cash only

I UNDERSTAND THAT IF THIS REQUEST IS GRANTED, I AM TO RETURN ON THE NEXT SCHEDULED WORK DAY AND THAT IF ANYTHING SHOULD PREVENT MY RETURN I WILL CONTACT MY SUPERVISOR AND HUMAN RESOURCES AND ADVISE THEM OF THE CIRCUMSTANCES. THEY WILL COUNSEL ACCORDINGLY.

Patrick Bratton 5-10-01
 Employee's Signature Date

Larry Liff
 SUPERVISOR'S SIGNATURE

5-10-01 ☒ APPROVED ☐ DISAPPROVED
 DATE

 FOREMAN'S SIGNATURE

 DATE ☐ APPROVED ☐ DISAPPROVED

 SUPERINTENDENT'S SIGNATURE

 DATE ☐ APPROVED ☐ DISAPPROVED

 PLANT MANAGER'S SIGNATURE

 DATE ☐ APPROVED ☐ DISAPPROVED

MAY 12 2001

FOR OFFICE USE ONLY:	# OF DAYS DUE	_____
	# OF DAYS REQUESTED	_____
	# OF DAYS LEFT	_____

MOUNTAINE
Time Off Request Form

Name Patrick K O'Bratten S.S.# 221-52-3393

Date of Hire 7/31/00 Department Live-Haul

☒ UNION

☐ NON-UNION HOURLY

☐ SALARIED

5070

(CHECK ONE):	<input checked="" type="checkbox"/> Vacation	Personal/Floating	
		Holiday - Calendar	
		Personal/Floating	
		Holiday - Anniversary	

31 JUL 17 9

Day/Date(s) Requested Money Only 1wk

I UNDERSTAND THAT IF THIS REQUEST IS GRANTED, I AM TO RETURN ON THE NEXT SCHEDULED WORK DAY AND THAT IF ANYTHING SHOULD PREVENT MY RETURN I WILL CONTACT MY SUPERVISOR AND HUMAN RESOURCES AND ADVISE THEM OF THE CIRCUMSTANCES. THEY WILL COUNSEL ACCORDINGLY.

Patrick O'Bratten 7/16/01
 Employee's Signature Date

SUPERVISOR'S SIGNATURE

DATE ☐ APPROVED ☐ DISAPPROVED

Larry Hibb
 FOREMAN'S SIGNATURE

7-16-01 ☒ APPROVED ☐ DISAPPROVED
 DATE

[Signature]
 SUPERINTENDENT'S SIGNATURE

7/17/01 ☒ APPROVED ☐ DISAPPROVED
 DATE

PLANT MANAGER'S SIGNATURE

DATE ☐ APPROVED ☐ DISAPPROVED

JUL 21 2001

WEEK ENDING

FOR OFFICE USE ONLY:	# OF DAYS DUE	
	# OF DAYS REQUESTED	
	# OF DAYS LEFT	

MOUNTAINE
Time Off Request Form

Name Patrick Bratton S.S.# 221-52-3393

Date of Hire 7/31/00 Department Live-Haul

☒ UNION

☐ NON-UNION HOURLY

☐ SALARIED

3670

(CHECK ONE):

Vacation _____

Personal/Floating

Holiday - Calendar

☒ already per.
H/E 3-12-01

Personal/Floating

Holiday - Anniversary

☒

Day/Date(s) Requested Money only

I UNDERSTAND THAT IF THIS REQUEST IS GRANTED, I AM TO RETURN ON THE NEXT SCHEDULED WORK DAY AND THAT IF ANYTHING SHOULD PREVENT MY RETURN I WILL CONTACT MY SUPERVISOR AND HUMAN RESOURCES AND ADVISE THEM OF THE CIRCUMSTANCES. THEY WILL COUNSEL ACCORDINGLY.

Patrick Bratton
 Employee's Signature

11-19-01
 Date

91 NOV 21 34

SUPERVISOR'S SIGNATURE

DATE

☐ APPROVED ☐ DISAPPROVED

Larry Gibb
 FOREMAN'S SIGNATURE

11-19-01
 DATE

☒ APPROVED ☐ DISAPPROVED

SUPERINTENDENT'S SIGNATURE

DATE

☐ APPROVED ☐ DISAPPROVED

PLANT MANAGER'S SIGNATURE

DATE

☐ APPROVED ☐ DISAPPROVED

NOV 24 2001

FOR OFFICE USE ONLY:

OF DAYS DUE _____

OF DAYS REQUESTED _____

OF DAYS LEFT _____

MOUNTAIRE FARMS OF DELMARVA Request for Vacation or Floating Holiday			
SECTION 1 <i>To Be Completed by Employee</i>		Date of Hire <u>7/31/00</u>	Dept. <u>Live Haul</u>
Employee Name: <u>Patrick Bratten</u>		SS# <u>221-52-3393</u>	<input checked="" type="checkbox"/> Union <u>56-20</u> <input type="checkbox"/> Non-Union Hourly <input type="checkbox"/> Salaried
VACATION: <input type="checkbox"/> 1/2 Day Date Requested _____ <input type="checkbox"/> Full Day(s) Date(s) Requested _____			
FLOATING HOLIDAY: Date Requested <u>6/5/02</u> (circle one) <div style="display: flex; justify-content: space-around;"> Calendar Anniversary </div>			
<p><i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i></p>			
Employee Signature <u>Patrick Bratten</u>		Date <u>6/5/02</u>	
<p>NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.</p>			
SECTION 2 <i>To Be Completed by Human Resources</i>		02 JUN 5	
Vacation		Floating Holidays	
1) Total Days Due: _____	Total Days Due: _____		
2) Days Requested: _____	Days Requested: _____		
3) Days Remaining: _____	Days Remaining: _____		
(1 - 2 = 3)			
Human Resources Representative's Signature _____		Date _____	
SECTION 3 <i>To Be Completed by Employee's Supervisor(s) and/or Manager(s)</i>			
SUPERVISOR: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>		SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
Signature _____ Date _____	Signature _____ Date _____		
FOREMAN: Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/>		PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
Signature <u>Larry Hill</u> Date <u>6-4-02</u>	Signature _____ Date _____		
<p>NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.</p>			

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A00355

MOUNTAIRE FARMS OF DELMARVA

Request for Vacation or Floating Holiday

SECTION 1*To Be Completed by Employee*

Date of Hire

7/31/00Dept. Live-Haul

Employee Name:

Patrick O'Braton

SS#

221-52-3393☒ UnionSWDC☐ Non-Union Hourly☐ Salaried**VACATION:**☐ 1/2 Day

Date Requested

Monday1wk☐ Full Day(s)

Date(s) Requested

FLOATING HOLIDAY:

(circle one)

Date Requested

Calendar

Anniversary

I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.

Employee Signature

Patrick Braton

Date

7/15/02

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

SECTION 2*To Be Completed by Human Resources*Vacation

- 1) Total Days Due: _____
- 2) Days Requested: _____
- 3) Days Remaining: _____

(1 - 2 = 3)

Floating Holidays

Total Days Due: _____

Days Requested: _____

Days Remaining: _____

Jul 20 2002
WEEK END

Human Resources Representative's Signature

Date

SECTION 3*To Be Completed by Employee's Supervisor(s) and/or Manager(s)*SUPERVISOR: Approved ☐ Disapproved ☐SUPERINTENDENT: Approved ☐ Disapproved ☐

Signature

Date

Signature

Date

FOREMAN: Approved ☒ Disapproved ☐PLANT MANAGER: Approved ☐ Disapproved ☐

Signature

Date

Signature

Date

NOTE:

PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE.
IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

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A00356

late on 5/6/03 - Aug.

MOUNTAIRE FARMS OF DELMARVA

Request for Vacation or Floating Holiday

SECTION 1 To Be Completed by Employee Date of Hire 7/31/00 Dept. 5620

Employee Name: Patrick Bratten SS# 221-52-3393

☒ Union
☐ Non-Union Hourly
☐ Salaried

VACATION:

☐ 1/2 Day Date Requested _____
☐ Full Day(s) Date(s) Requested _____

FLOATING HOLIDAY:

Date Requested money only (circle one) Calendar Anniversary not due yet

I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.

Patrick Bratten Date 5/2/03
Employee Signature Date

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

SECTION 2 To Be Completed by Human Resources

03 MAY 7 2003

Vacation	Floating Holidays
1) Total Days Due: _____	Total Days Due: _____
2) Days Requested: _____	Days Requested: _____
3) Days Remaining: _____	Days Remaining: _____
(1 - 2 = 3)	

Human Resources Representative's Signature _____ Date PAYROLL
MAY 10 2003
WEEK END

SECTION 3 To Be Completed by Employee's Supervisor(s) and/or Manager(s)

SUPERVISOR: Approved ☒ Disapproved ☐ **SUPERINTENDENT:** Approved ☐ Disapproved ☐

Larry Gibbs 5/2/03
Signature Date Signature Date

FOREMAN: Approved ☐ Disapproved ☐ **PLANT MANAGER:** Approved ☐ Disapproved ☐

Signature Date Signature Date

NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE.
IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

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A00358

MOUNTAIRE

Time Off Request Form

Name Harry Daniels S.S.# 185-56-2531
 Date of Hire May 26th 1998 Department ~~STC~~ live haul
☒ UNION ☐ NON-UNION HOURLY ☐ SALARIED STC

(CHECK ONE): Vacation	<input checked="" type="checkbox"/> <u>NI</u>	Personal/Floating Holiday - Calendar _____ Personal/Floating Holiday - Anniversary _____
--------------------------	---	---

Day/Date(s) Requested 4-27-2001 W/E 05-12-01 1wk OFF 20 01

I UNDERSTAND THAT IF THIS REQUEST IS GRANTED, I AM TO RETURN ON THE NEXT SCHEDULED WORK DAY AND THAT IF ANYTHING SHOULD PREVENT MY RETURN I WILL CONTACT MY SUPERVISOR AND HUMAN RESOURCES AND ADVISE THEM OF THE CIRCUMSTANCES. THEY WILL COUNSEL ACCORDINGLY.

Harry Daniels 4-20-2001
 Employee's Signature Date

 SUPERVISOR'S SIGNATURE

 DATE

☐ APPROVED ☐ DISAPPROVED

Larry Giff
 FOREMAN'S SIGNATURE

4-20-01
 DATE

☒ APPROVED ☐ DISAPPROVED

 SUPERINTENDENT'S SIGNATURE

 DATE

☐ APPROVED ☐ DISAPPROVED

 PLANT MANAGER'S SIGNATURE

 DATE

☐ APPROVED ☐ DISAPPROVED

FOR OFFICE USE ONLY:	# OF DAYS DUE	_____
	# OF DAYS REQUESTED	_____
	# OF DAYS LEFT	_____

PAYROLL

MAY 12 2001

WEEK ENDING

MOUNTAINE
Time Off Request Form

Name Ronald Felton Gibbs Jr. S.S.# 222-40-0603

Date of Hire 5/11/01 - Police Department Live Haul

☒ UNION

☐ NON-UNION HOURLY

☐ SALARIED 5670

(CHECK ONE):

Vacation _____

Personal/Floating
 Holiday - Calendar ✓

Personal/Floating
 Holiday - Anniversary _____

Day/Date(s) Requested Thursday 29th November

I UNDERSTAND THAT IF THIS REQUEST IS GRANTED, I AM TO RETURN ON THE NEXT SCHEDULED WORK DAY AND THAT IF ANYTHING SHOULD PREVENT MY RETURN I WILL CONTACT MY SUPERVISOR AND HUMAN RESOURCES AND ADVISE THEM OF THE CIRCUMSTANCES. THEY WILL COUNSEL ACCORDINGLY.

Ronald Felton Gibbs Jr. 11/27/01
 Employee's Signature Date

 SUPERVISOR'S SIGNATURE

 DATE

☐ APPROVED ☐ DISAPPROVED

Larry E. Gibbs Jr.
 FOREMAN'S SIGNATURE

11-27-01 ☒ APPROVED ☐ DISAPPROVED
 DATE

 SUPERINTENDENT'S SIGNATURE

 DATE

☐ APPROVED ☐ DISAPPROVED

 PLANT MANAGER'S SIGNATURE

 DATE

☐ APPROVED ☐ DISAPPROVED

FOR OFFICE USE ONLY:

OF DAYS DUE _____

OF DAYS REQUESTED _____

OF DAYS LEFT _____

FORM 011
 September 23, 1999

RECEIVED
 DEC 01 2001
 WEEK 51

MOUNTAIRE FARMS OF DELMARVA Request for Vacation or Floating Holiday			
SECTION 1 To Be Completed by Employee		Date of Hire <u>5/14/01</u>	Dept. <u>Live Haul</u>
Employee Name: <u>Ronald Felton Gbb</u> SS# <u>222-40-0683</u>		<input checked="" type="checkbox"/> Union <u>5620</u> <input type="checkbox"/> Non-Union Hourly <input type="checkbox"/> Salaried	
VACATION: <input type="checkbox"/> 1/2 Day Date Requested _____ <input type="checkbox"/> Full Day(s) Date(s) Requested _____			
FLOATING HOLIDAY: Date Requested <u>3-4-02</u> (circle one) <u>MONEY ONLY</u> <u>Calendar</u> Anniversary			
I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.			
Employee Signature <u>Ronald Felton Gbb Jr.</u>		Date <u>3/8/02</u>	
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.			
SECTION 2 To Be Completed by Human Resources			
Vacation		Floating Holidays	
1) Total Days Due: _____	Total Days Due: _____		
2) Days Requested: _____	Days Requested: _____		
3) Days Remaining: _____	Days Remaining: _____		
(1 - 2 = 3)			
Human Resources Representative's Signature _____		Date _____	
SECTION 3 To Be Completed by Employee's Supervisor(s) and/or Manager(s)			
SUPERVISOR: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>		SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
Signature _____	Date _____	Signature _____	Date _____
FOREMAN: Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/>		PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
Signature <u>Larry Gbb</u>	Date <u>3-8-02</u>	Signature _____	Date _____
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.			

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A00361

MOUNTAIRE FARMS OF DELMARVA

Request for Vacation or Floating Holiday

SECTION 1*To Be Completed by Employee*Date of Hire 5/11/01Dept. Line HaulEmployee Name Ronald F. SibiloSSN 222-400603
☒ Union 5620
☐ Non-Union Hourly
☐ Salaried
VACATION:☐ 1/2 Day

Date Requested _____

☐ Full Day(s)Date(s) Requested money only1wk**FLOATING HOLIDAY:**

(circle one)

Date Requested _____

Calendar

Anniversary

I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.

Ronald F. Sibilo
 Employee Signature

5/8/02
 Date

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

SECTION 2*To Be Completed by Human Resources*VacationFloating Holidays

- 1) Total Days Due: _____
 2) Days Requested: _____
 3) Days Remaining: _____

(1 - 2 = 3)

- Total Days Due: _____
 Days Requested: _____
 Days Remaining: _____

PAYROLLMAY 11 2002WEEK ENDING

Human Resources Representative's Signature _____

Date _____

SECTION 3*To Be Completed by Employee's Supervisor(s) and/or Manager(s)*SUPERVISOR: Approved ☒ Disapproved ☐SUPERINTENDENT: Approved ☐ Disapproved ☐
Doug Lynch 5/8/02
 Signature Date

 Signature Date
FOREMAN: Approved ☒ Disapproved ☐PLANT MANAGER: Approved ☐ Disapproved ☐
Larry Giff 5-8-02
 Signature Date

 Signature Date
NOTE:

PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE.
 IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

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A00362

MOUNTAIRE FARMS OF DELMARVA Request for Vacation or Floating Holiday

SECTION 1*To Be Completed by Employee*

Date of Hire

1-22-02Dept Live haul

Employee Name:

Tony Parker

SS#

221-56-7639
☒ Union SVSO
☐ Non-Union Hourly
☐ Salaried
VACATION:☐ 1/2 Day

Date Requested _____

☐ Full Day(s)

Date(s) Requested _____

FLOATING HOLIDAY:

(circle one)

Date Requested

9-12-02Calendar

Anniversary

I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.

Employee Signature

Tony D. Parker

Date

9-12-02

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

SECTION 2*To Be Completed by Human Resources*VacationFloating Holidays

1) Total Days Due: _____

Total Days Due: _____

2) Days Requested: _____

Days Requested: _____

3) Days Remaining: _____

Days Remaining: _____

(1 - 2 = 3)

WEEK ENDING

Human Resources Representative's Signature

Date

SECTION 3*To Be Completed by Employee's Supervisor(s) and/or Manager(s)*SUPERVISOR: Approved ☐Disapproved ☐

SUPERINTENDENT:

Approved ☐Disapproved ☐

Signature

Date

Signature

Date

FOREMAN:

Approved ☒Disapproved ☐

PLANT MANAGER:

Approved ☐Disapproved ☐

Signature

Date

Signature

Date

NOTE:

PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE.
IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

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A00363

MOUNTAIRE FARMS OF DELMARVA **Request for Vacation or Floating Holiday**

SECTION 1

To Be Completed by Employee

Date of Hire

1-22-02

Dept

Live haul

Employee Name:

Tony Parker

SS#

221-56-7639
☒ Union S620
☐ Non-Union Hourly
☐ Salaried
VACATION:☐ 1/2 Day

Date Requested

☐ Full Day(s)

Date(s) Requested

Money Only

not enough weeks worked for vacat

FLOATING HOLIDAY:

Date Requested

Money only

(circle one)

Anniversary

I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.

Tony Parker

Employee Signature

1-27-03

Date

31 JAN 36

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

SECTION 2

To Be Completed by Human Resources

Vacation

1) Total Days Due:

2) Days Requested:

3) Days Remaining:

(1 - 2 = 3)

Total Days Due:

Days Requested:

Days Remaining:

Floating Holidays

Human Resources Representative's Signature

Date

SECTION 3

To Be Completed by Employee's Supervisor(s) and/or Manager(s)

SUPERVISOR: Approved ☐Disapproved ☐

SUPERINTENDENT:

Approved ☐Disapproved ☐

Signature

Date

Signature

Date

FOREMAN:

Approved ☒Disapproved ☐

PLANT MANAGER:

Approved ☐Disapproved ☐

Signature

Date

Signature

Date

NOTE:

PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE.
 IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

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A00364

MOUNTAIRE FARMS OF DELMARVA

Request for Vacation or Floating Holiday

SECTION 1

To Be Completed by Employee

Date of Hire

1-22-02

Dept.

Livestock

Employee Name:

Tony Parker

SS#

2-21-56-7639☒ Union☐ Non-Union Hourly☐ Salaried**VACATION:**☐ 1/2 Day

Date Requested

☐ Full Day(s)

Date(s) Requested

Money Only

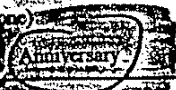
not enough weeks worked for vacation

FLOATING HOLIDAY:

Date Requested

Money only

(circle one) Calendar



I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.

Employee Signature

Tony Parker

Date

1-27-03

31 JAN 30

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

SECTION 2

To Be Completed by Human Resources

Vacation

1) Total Days Due:

2) Days Requested:

3) Days Remaining:

(1 - 2 = 3)

Total Days Due:

Days Requested:

Days Remaining:

Floating HolidaysPAYROLLFEB 01 2003WEEK ENDING

not enough weeks worked for vacation

Human Resources Representative's Signature

Date

SECTION 3

To Be Completed by Employee's Supervisor(s) and/or Manager(s)

SUPERVISOR: Approved ☐Disapproved ☐SUPERINTENDENT: Approved ☐Disapproved ☐

Signature

Date

Signature

Date

FOREMAN: Approved ☒Disapproved ☐PLANT MANAGER: Approved ☐Disapproved ☐

Signature

Date

Signature

Date

NOTE:

PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE.
IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

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